

ART. VI.—CONTRIBUTION TO THE STUDY OF
MENTAL AND NERVOUS DISEASES,
WITH CASES ILLUSTRATIVE
OF TREATMENT.

BY EDWARD C. MANN, M. D.,
SUPT. SUNNYSIDE MEDICAL RETREAT FOR MENTAL AND NERVOUS
DISEASES. MEMBER NEW YORK NEUROLOGICAL SO-
CIETY, NEW YORK MEDICO-LEGAL SOCI-
ETY, ETC., FORT WASHINGTON,
NEW YORK CITY.

I. DIPSOMANIA.

IN patients admitted to Sunnyside Retreat with Dipsomania, the affection is considered and treated as a distinct form of neurosis. These patients give way to the impulse and uncontrollable desire for alcoholic stimulants generally in solitude and periodically. Their disease unfits them to carry on any occupation continuously. They do not drink as does the ordinary drunkard, for pleasure, or with companions, neither do they drink whenever they have an opportunity, as an ordinary drunkard does. The dipsomaniac, I think, often truly wishes to refrain from drinking, and drinks in obedience to the blind, ungovernable impulse which he can neither understand nor control. In the intervals between the paroxysms when there is no craving, the dipsomaniac often dislikes liquor exceedingly, and will not touch it. This neurosis, for as we say above, we regard dipsomania as a distinct form of nervous disease, closely related to insanity, depends upon, or is the result of, an ill-balanced and defective state of the whole nervous system, in which there is a constitutional tendency to disease of the nervous system, which, in the cases under consideration, takes the form of dipsomania. The pathology of the production of dipsomania, in common with most other nervous diseases, consists, primarily, in an interference with the proper nutrition of the cerebral tissues of the foetus, so

morphia had taken complete possession of him, and that he was powerless to resist it. He came to me immediately, and placed himself under my care. This was six months after the occurrence of the fracture. He was taking eighty minims of Majendie's solution daily, hypodermically. He was pale, emaciated, and his mental faculties were enfeebled, and he was very much afraid of being left alone in the dark at night. I at once reduced him to 40 minims daily, commencing treatment with a mercurial cathartic, followed by salines. As the morphine was gradually reduced in quantity, the sedatives were increased, adding tinct. cannabis indica at night when there was any sleeplessness. In ten days the morphia was discontinued, and the electricity and tonic treatment commenced, and at the expiration my friend had gained 23 pounds of flesh, had not the slightest craving for morphia, and returned to his professional labors perfectly well. I hear from him occasionally, and he has had not the slightest desire for morphia. I have treated several physicians with the most pleasing results, as with one exception they all coöperated with me in my efforts for a speedy cure. In the majority of cases of professional men, I find that the use of opium was commenced to relieve pain, and that subsequently, having used it for weeks or months, the patient found himself utterly unable to do without it. In several instances I have found that patients were also addicted to the use of chloral, and these are more difficult cures to treat. The excessive use of chloral hydrate produces a peculiar condition of weakness and irritability of the vaso-motor system, interference with the functions of the liver, enfeeblement of the mental functions and of the moral sense, great restlessness and sleeplessness, neuralgic pains, unsteady and wandering gait, irregular and feeble action of the heart, and decided tendency to paralysis of the lower extremities. The anæsthetic effects of chloral in its influence on the nervous system are to be attributed to chloroform, and to the alkaline formiates that develop simultaneously as the chloral decomposes, contributing to the anæsthesia by their vaso-dilator action, carrying the chloroform more rapidly and in greater quantity to the nervous centres and terminations of peripheral nerves.